

CLAIMS ONLY						Application Number <i>09914955</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11	1						
12		1					
13		1					
14		1					
15		1					
16		1					
17		cancel					
18		1					
19		1					
20		1					
21		1					
22		1					
23		1					
24		1					
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42							
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44							
45							
46							
47							
48							
49							
50							
Total Indep	2						
Total Depend	11						
Total Claims	13						